

Tab 15
Vol 16



ADDRESS

By

C. EVERETT KOOP, M.D., Sc.D.

SURGEON GENERAL

OF THE

U.S. PUBLIC HEALTH SERVICE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

BLUE CROSS
BLUE SHIELD

PRESENTED AT

PHILADELPHIA, PENNSYLVANIA

SEPTEMBER 13, 1988

(GREETINGS TO HOSTS, GUESTS, FRIENDS, ETC.)

I'M PLEASED TO BE HERE TODAY TO REVIEW WITH YOU SOME OF THE ESSENTIAL INFORMATION WE ALL NEED TO KNOW ABOUT THE "DISEASE OF THE CENTURY." AND I'M TALKING ABOUT AIDS.

FIRST, LET'S GET UP TO DATE ON THE FACTS ABOUT THIS TERRIBLE DISEASE.

THE FIRST THING TO KNOW IS THAT THE AIDS VIRUS IS STILL SPREADING, BOTH IN OUR COUNTRY AND WORLDWIDE.

FOR EXAMPLE, BETWEEN SEPTEMBER 1987 AND SEPTEMBER 1988 -- WE LOGGED IN ALMOST 31,000 NEW CASES HERE IN THE UNITED STATES.

YOU MAY REMEMBER THAT OUR FIRST CLUE ABOUT THIS DISEASE APPEARED BACK IN JUNE 1981, WITH A REPORT OF 5 CASES OF A RARE TYPE OF PNEUMONIA FOUND AMONG "OTHERWISE HEALTHY HOMOSEXUAL MALES" IN LOS ANGELES, CALIFORNIA.

SINCE THOSE FIRST 5 CASES WERE RECORDED, LOS ANGELES HAS REPORTED ANOTHER 5,460 CASES ... AND THE COUNTRY AS A WHOLE HAS TURNED UP MORE ALMOST 73,000 CASES OF AIDS.

FROM 5 CASES TO 73,000 CASES IN 7 YEARS ... YOU MUST TAKE SERIOUSLY ANY DISEASE THAT EXPLODES UPON A NATION WITH SUCH SPEED AND SUCH SEVERITY.

TODAY EVERY STATE AND TERRITORY HAS BEEN TOUCHED BY THIS EPIDEMIC.

I GRANT YOU THAT ALMOST HALF OF ALL CASES HAVE BEEN IN EITHER NEW YORK OR CALIFORNIA. BUT INDIANA, OUT IN THE HEARTLAND OF AMERICA, HAS HAD 339 CASES SO FAR ... KANSAS HAS HAD 172 ... MAINE, 85 CASES ... NORTH DAKOTA, 10 ... AND EVEN GUAM HAS HAD 5 CASES SO FAR.

AND 20 CITIES IN 14 STATES HAVE EACH REPORTED OVER 600 CASES OF AIDS SINCE 1981, including 1,500 here in Philadelphia.

THOSE ARE THE NUMBERS FOR THIS COUNTRY. WHAT ABOUT THE REST OF THE WORLD? I'M AFRAID THE SITUATION IS JUST AS GRIM FOR THEM, TOO. SOME 140 COUNTRIES HAVE REPORTED A TOTAL OF 40,000 CASES OF AIDS SO FAR.

BUT CONSIDERING THE POOR STATE OF EPIDEMIOLOGICAL REPORTING IN MANY COUNTRIES -- ESPECIALLY THIRD WORLD COUNTRIES IN ASIA AND AFRICA, WHERE THE DISEASE SEEMS TO BE THE MOST VIRULENT -- THE WORLD HEALTH ORGANIZATION ESTIMATES THAT BARELY HALF OF THE AIDS CASELOAD WORLDWIDE HAS BEEN REPORTED.

HOWEVER, THE CONTINUED EXPANSION OF THE AIDS EPIDEMIC IS ONLY PART OF THE STORY. ANOTHER PART IS EVEN MORE GRIM.

AIDS IS VIRTUALLY 100 PERCENT FATAL. OF THOSE 73,000 PERSONS WHO WERE REPORTED AS HAVING AIDS SO FAR, 41,000 HAVE DIED. THAT'S AN OVERALL MORTALITY RATE OF 56 PERCENT.

BUT LET'S LOOK AT THOSE FIGURES MORE CLOSELY. OF THE PEOPLE WHO HAD AIDS IN 1981, SOME 92 PERCENT HAVE ALREADY DIED.

OF THOSE IN 1982, CLOSE TO 90 PERCENT HAVE DIED.

AND CLOSE TO HALF THE NUMBER OF PEOPLE WHO WERE REPORTED WITH AIDS JUST LAST YEAR HAVE ALREADY DIED.

WE DON'T KNOW EVERYTHING ABOUT THIS DISEASE. BUT ONE THING WE DO KNOW: IF YOU HAVE AIDS, YOUR CHANCES OF SURVIVING THE NEXT TWO OR THREE YEARS ARE NOT VERY GOOD. BUT YOUR CHANCES OF SURVIVING ANY LONGER THAN THAT ARE ALMOST NIL.

YES, WE HAVE A DRUG CALLED A.Z.T. WHICH SEEMS ABLE TO PROLONG THE LIVES OF MANY PERSONS WITH AIDS. AND SEVERAL OTHER DRUGS WITH THE SAME KIND OF PROMISE ARE IN THE PIPELINE.

BUT -- IF AND WHEN THESE DRUGS WORK -- THEY ONLY PROLONG A PERSON'S LIFE FOR A FEW MONTHS ... MAYBE A YEAR. THEY DO NOT CURE ANYONE OF AIDS ... NOR OF ANY CONDITION BROUGHT ON BY AIDS.

NO DOUBT YOU'VE READ NEWS THAT WE'VE ALLOWED SOME VACCINE TESTING TO BEGIN. AND WE HAVE. BUT THOSE TESTS ARE ONLY THE VERY FIRST STEPS IN VACCINE DEVELOPMENT. THE TOTAL PROCESS WILL BE VERY LONG -- STRETCHING TO THE END OF THIS CENTURY AT THE VERY LEAST. AND HONESTLY, I'M TRYING TO BE OPTIMISTIC.

SOME CRITICS HAVE ACCUSED THE GOVERNMENT OF DRAGGING ITS FEET IN REGARD TO VACCINE DEVELOPMENT. THAT'S NONSENSE. WE CANNOT MOVE BEYOND OUR KNOWLEDGE BASE. AND THAT BASE SIMPLY TAKES A LOT OF TIME TO DEVELOP.

I DO NOT QUESTION THE SINCERITY OF OUR CRITICS. BUT THEIR ACCUSATIONS HAVE TOO OFTEN SMACKED OF SCIENTIFIC "KNOW-NOTHING-ISM."

THE HARD TRUTH IS STILL THIS: WE HAVE NO DRUG ... NO VACCINE ... NO "MAGIC BULLET" OF ANY KIND TO PREVENT AIDS OR STOP IT IN ITS TRACKS.

WHAT ELSE DO WE KNOW ABOUT AIDS?

HOW THE BUG SEEMS TO OPERATE, FOR ONE THING ... AT LEAST, AS FAR AS WE UNDERSTAND IT.

ONCE IT INVADES THE HUMAN BODY, THE AIDS VIRUS --
TECHNICALLY, THE HUMAN IMMUNODEFICIENCY VIRUS, OR H.I.V. -- GOES
AFTER TWO TARGETS:

ONE TARGET IS THE BRAIN AND THE CENTRAL NERVOUS SYSTEM.
HENCE, TO THE ALREADY LONG LIST OF DISEASES AND CONDITIONS
CAUSED BY AIDS, WE'VE HAD TO ADD DEMENTIA.

THE SECOND TARGET, WHERE THE AIDS VIRUS HAS BEEN DOING ITS
WORST DAMAGE FOR THE PAST 7 YEARS, IS THE HUMAN IMMUNE
SYSTEM ... AND IN PARTICULAR THE WHITE BLOOD CELLS THAT ARE
THE BASIS OF THAT SYSTEM.

ONCE THE AIDS VIRUS FINDS AND ATTACKS THE IMMUNE SYSTEM, THE VICTIM THEN BECOMES AN EASY MARK FOR THE NEXT INFECTIOUS DISEASE OR CANCER THAT COMES ALONG.

AND THOSE DISEASES ARE WHAT DIRECTLY DEBILITATE AND KILL AIDS PATIENTS ... DISEASES SUCH AS ...

PNEUMOCYSTIS CARINII PNEUMONIA, KAPOSI'S SARCOMA,
CYTOMEGALOVIRAL INFECTIONS, "VALLEY FEVER" OR PROGRESSIVE
COCCIDIOMYCOSIS, HISTOPLASMOSIS, ATYPICAL TUBERCULOSIS,
CANDIDIASIS OF THE ESOPHAGUS AND THE RESPIRATORY TRACT,
ULCERATIVE HERPES, AND SO ON.

SINCE THE AIDS VIRUS FEEDS ON WHITE BLOOD CELLS, IT SHOWS UP WHERE SUCH CELLS ARE HIGHLY CONCENTRATED. AND THOSE CELLS, IN TURN, ARE FOUND MAINLY IN TWO BODY FLUIDS -- BLOOD AND SEMEN -- BUT THEY ALSO APPEAR IN VAGINAL FLUIDS.

THAT'S THE INFORMATION THAT ALSO TELLS US HOW THE AIDS VIRUS IS SPREAD. AIDS IS SPREAD WHEN INFECTED BLOOD AND/OR SEMEN FROM ONE PERSON ENTERS ANOTHER PERSON'S BODY AND IS ABSORBED INTO HIS OR HER BLOODSTREAM.

NEEDLESS TO SAY, THE TRANSMISSION OF THE AIDS VIRUS DOESN'T HAPPEN IN ANY CASUAL WAY. YOU HAVE TO DO SOMETHING TO PASS OR RECEIVE AIDS-INFECTED BLOOD, SEMEN, AND/OR VAGINAL FLUIDS.

I'M SURE YOU'VE HEARD OF A DOZEN OR MORE ALLEGED WAYS TO CATCH AIDS: KISSING, SHARING WATER GLASSES, COOKING AND BAKING, TOILET SEATS, AND SO ON. FORGET ALL THAT.

THE TRANSMISSION OF THE HUMAN IMMUNODEFICIENCY VIRUS TAKES PLACE IN ONLY FOUR DIFFERENT WAYS.

ONE WAY WAS THROUGH BLOOD TRANSFUSIONS. AT ONE TIME NEARLY ALL CHILDREN WITH H.I.V. WERE HEMOPHILIACS WHO RECEIVED THE VIRUS THROUGH A CONTAMINATED BLOOD TRANSFUSION OR THROUGH CLOTTING FACTORS MADE FROM CONTAMINATED BLOOD.

HOWEVER, IN 1985 WE DEVELOPED A VERY GOOD BLOOD SCREENING PROCESS: THE "ELISA" TEST AND THE CONFIRMING "WESTERN BLOT" TEST. THEY DETECT THE PRESENCE OF ANTIBODIES TO THE AIDS VIRUS IN A SAMPLE OF A PERSON'S BLOOD.

THAT SOUNDS SORT OF ROUNDABOUT -- AND IT IS, BECAUSE, REMEMBER, THERE'S STILL MORE ABOUT THE AIDS VIRUS THAT WE DON'T KNOW THEN WHAT WE DO KNOW.

THEREFORE, WE HAVE TO LOOK FOR A CONCENTRATION OF ANTIBODIES TO THE AIDS VIRUS TO TELL US THAT THE VIRUS ITSELF IS PRESENT. IT'S LIKE KNOWING THERE'S A KILLER NEARBY BECAUSE YOU SEE HIS SHADOW ON THE WALL.

IN ANY CASE, RIGHT NOW, THANKS TO THESE TWO TESTS OUR BLOOD SUPPLY IS JUST ABOUT AS SAFE AS WE CAN MAKE IT. THAT GOES FOR TRANSFUSED BLOOD AND BLOOD COMPONENTS AND FOR CLOTTING FACTORS, ALSO.

THE ODDS TODAY OF GETTING A CONTAMINATED UNIT OF TRANSFUSED BLOOD ARE BETWEEN 1 IN 40,000 AND 1 IN 250,000. COMPARE THOSE ODDS WITH, SAY, DEATH ON THE HIGHWAY: THAT'S 1 IN 5,900.

THAT LEAVES THREE WAYS TO CATCH AIDS, AND THESE ARE MUCH MORE SIGNIFICANT FOR OUR SOCIETY.

THE MOST COMMON OF THESE THREE IS THROUGH SEXUAL INTERCOURSE. A MAN WITH AIDS CAN PASS THE VIRUS TO HIS SEXUAL PARTNER THROUGH HIS SEMEN. IT'S UNFORTUNATELY THAT SIMPLE.

WE KNOW, FOR EXAMPLE, THAT MANY PROSTITUTES HAVE CONTRACTED AIDS BY HAVING VAGINAL INTERCOURSE WITH A MAN INFECTED WITH THE AIDS VIRUS. I WOULD GUESS THAT A NUMBER OF UNSUSPECTING WIVES AND SWEETHEARTS HAVE BEEN GIVEN THE VIRUS THIS WAY, ALSO.

BUT H.I.V. ANTIBODIES HAVE BEEN DETECTED IN VAGINAL SECRETIONS IN SIGNIFICANT CONCENTRATIONS, ALSO. THEREFORE, WE HAVE TO ASSUME THAT INFECTED WOMEN CAN PASS IT BACK TO THEIR MALE PARTNERS AS WELL. I MUST ADD THAT ONLY 4 PERCENT OF ALL REPORTED CASES SO FAR IN THIS COUNTRY SEEM TO BE THE RESULT OF HETEROSEXUAL INTERCOURSE.

BUT ONE PARTICULAR SEX PRACTICE NOT ONLY PRODUCES SEMEN, IT ALSO CAUSES BLEEDING. IT HAS BEEN RESPONSIBLE FOR THE GREAT MAJORITY OF AIDS CASES OVER THE PAST 7 YEARS.

THAT PRACTICE IS ANAL INTERCOURSE, WHEN TISSUES TEND TO BE RUPTURED, CAUSING BLEEDING TO OCCUR. WHEN THAT HAPPENS A MAN'S AIDS-INFECTED SEMEN THEN DIRECTLY ENTERS HIS PARTNER'S BLOODSTREAM.

ANAL INTERCOURSE IS MOST OFTEN PRACTICED BY HOMOSEXUALS AND BISEXUAL MALES. HENCE, IT'S NO LONGER SURPRISING THAT THOSE FIRST 5 CASES OF AIDS BACK IN 1981 INVOLVED "OTHERWISE HEALTHY HOMOSEXUALS."

AND INDEED, OVER THE PAST 7 YEARS, 2 OUT OF EVERY 3 PERSONS WITH AIDS HAVE BEEN EITHER HOMOSEXUALS OR BISEXUAL MALES WHO CONTRACTED THE DISEASE FROM AN INFECTED SEX PARTNER.

BUT PLEASE REMEMBER THAT HOMOSEXUALITY ... BY ITSELF ...
DOES NOT CAUSE AIDS, JUST AS HETEROSEXUALITY ... BY ITSELF
...DOES NOT CAUSE SYPHILIS.

THERE ARE, AFTER ALL, AN ESTIMATED 12 MILLION HOMOSEXUALS IN
THE U.S. POPULATION AND IT IS APPEARS THAT MOST OF THEM -- LIKE
MOST AMERICANS IN GENERAL -- ARE MONOGAMOUS. THEY ARE NOT
SEXUALLY PROMISCUOUS NOR DO THEY SEEM TO ENGAGE IN THE ROUGHER
FORMS OF SEXUAL INTERCOURSE.

AND SO THE MAJORITY OF HOMOSEXUALS DO NOT HAVE AIDS AND THEY'LL PROBABLY NEVER GET IT.

IN FACT, THEY'RE JUST AS FRIGHTENED OF THE DISEASE AS THE REST OF US ARE.

I AM MAKING THIS SPECIFIC POINT BECAUSE THE AIDS EPIDEMIC HAS, UNFORTUNATELY, STIMULATED A GOOD DEAL OF HOMOPHOBIA ... DISCRIMINATION ... AND EVEN VIOLENCE AGAINST HOMOSEXUALS. AND THAT BEHAVIOR IS SIMPLY UNACCEPTABLE IN AMERICAN SOCIETY.

LET ME SAY THAT THE TRADITION OF AMERICAN PUBLIC HEALTH IS TO FIGHT DISEASE ... NOT TO FIGHT THE PEOPLE WHO HAVE IT ... OR PEOPLE WE THINK MIGHT HAVE IT.

AMERICA HAS TAKEN ON SOME PRETTY DIFFICULT DISEASES OVER THE YEARS -- SMALLPOX, POLIO, LEPROSY, MEASLES, SYPHILIS -- BUT IN NOT ONE OF THOSE CASES DID WE ATTACK THE PEOPLE WHO WERE SICK ... JUST THE SICKNESS ITSELF.

AND I CAN ASSURE YOU, AS YOUR SURGEON GENERAL, WE'RE NOT GOING TO CHANGE NOW ... AIDS OR NO AIDS.

I SAID THERE WERE FOUR WAYS TO GET AIDS. ONE WAS THROUGH TRANSFUSED BLOOD, WHICH IS NO LONGER A PROBLEM. THE SECOND WAY IS THROUGH SEXUAL INTERCOURSE ... ESPECIALLY -- BUT NOT EXCLUSIVELY -- ANAL INTERCOURSE.

AND NOW THE THIRD WAY IS TO SHARE THE NEEDLES AND SYRINGES OF AN AIDS-INFECTED DRUG ADDICT.

I'M TOLD THAT THIS IS A VERY COMMON PRACTICE AMONG INTRAVENOUS DRUG ABUSERS, A KIND OF PERVERSE FOLKWAY. NEEDLE-SHARING SEEMS TO BE AN ADDICT'S WAY OF EXPRESSING CAMARADERIE, AMONG OTHER THINGS, AND IS APPARENTLY UNRELATED TO THE COST OR AVAILABILITY OF DRUG PARAPHERNALIA.

NEEDLE-SHARING, HOWEVER, IS AN EXTREMELY HIGH-RISK BEHAVIOR. HERE'S HOW IT WORKS.

AFTER A PERSON INJECTS THE DRUG INTO HIS OR HER VEIN, A TINY DROP OF BLOOD IS OFTEN LEFT BEHIND IN THE NEEDLE ... OR EVEN FURTHER UP, IN THE SYRINGE ITSELF.

IF THAT USER IS INFECTED WITH AIDS, SOME OF THE VIRUS WILL BE IN THAT DROP OF BLOOD, ALSO. AND IT APPEARS THAT THE AIDS VIRUS CAN REMAIN ALIVE IN SUCH A SITUATION FOR SEVERAL HOURS AT THE VERY LEAST ... AND POSSIBLY A DAY OR TWO AT THE MOST.

HENCE, THE NEXT PERSON USING THAT NEEDLE AND SYRINGE TO "SHOOT UP" WILL GET THAT DROP OF INFECTED BLOOD ALONG WITH HIS OR HER "FIX." AGAIN, THE TRANSMISSION IS THAT SIMPLE.

AT THE LAST COUNT, 1 OF EVERY 4 PERSONS WITH AIDS -- ALMOST 19,000 PEOPLE SO FAR -- HAS BEEN AN INTRAVENOUS DRUG ABUSER.

NEEDLE-SHARING AMONG ADDICTS, THEREFORE, IS THE THIRD WAY TO GET AIDS. THE FOURTH AND FINAL WAY TO GET IT IS TO BE BORN OF A MOTHER WHO HAS AIDS. AND SO FAR, SOME 900 CHILDREN IN THIS COUNTRY HAVE BEEN BORN H.I.V.-POSITIVE.

IN THOSE CASES, THE AIDS VIRUS -- ALREADY IN THE MOTHER'S BLOODSTREAM -- SIMPLY MIGRATES INTO THE CHILD'S BLOODSTREAM SOMETIME DURING PREGNANCY OR DURING CHILDBIRTH ITSELF.

THOSE, THEN, ARE THE FOUR WAYS BY WHICH A PERSON CAN BECOME INFECTED WITH THE AIDS VIRUS. NOTICE, PLEASE, THAT NONE OF THEM INVOLVES A CASUAL ACT ON ANYONE'S PART.

A PERSON CAN SHARE SOMEONE ELSE'S BATH TOWEL, SWEATSHIRT, PEN, PENCILS, AND COMPUTER KEYBOARD ... AND NOT GET AIDS. YOU HAVE TO SHARE SOMEONE'S BLOOD ... SEMEN ... OR VAGINAL SECRETIONS. AND THAT OBVIOUSLY TAKES SOME DOING.

I'M TAKING PAINS TO EXPLAIN THIS BECAUSE THERE ARE STILL A FEW SCHOOL OFFICIALS AND INDUSTRY MANAGERS WHO WANT TO EXCLUDE ANYONE -- STUDENT, TEACHER, OR EMPLOYEE -- WHO IS H.I.V. POSITIVE.

25 THIS

IF THEY SHOW THE SYMPTOMS OF A RAVAGING INFECTIOUS DISEASE,
THAT'S ANOTHER MATTER. ~~NO ONE IS ARGUING THAT POINT.~~ THEY'RE
STILL NO HAZARD TO OTHERS; BUT THEY ARE USUALLY
TOO SICK TO WORK.

BUT IF A PERSON IS H.I.V. POSITIVE -- BUT DOES NOT YET HAVE
"VALLEY FEVER" OR PNEUMOCYSTIS CARINII OR WHATEVER -- THEN, SUCH
A PERSON IS STILL FULLY CAPABLE OF REMAINING IN THE WORLD OF WORK
OR OF STUDY WITHOUT ENDANGERING ANYONE.

IN FACT, SUCH A PERSON MAY BE SYMPTOM-FREE FOR 5, 7, OR EVEN
10 YEARS. AND IT MAY BE THAT SOME OF THESE H.I.V.-POSITIVE
PEOPLE WILL NEVER GET AIDS OR AN AIDS-RELATED DISEASE. SO IT
MAKES NO PUBLIC HEALTH SENSE TO AUTOMATICALLY OSTRACIZE OR
QUARANTINE PEOPLE WHO TEST POSITIVE FOR THE AIDS VIRUS.

OF COURSE, I'M ASSUMING THAT IN YOUR SCHOOL OR PLACE OF
BUSINESS IT WOULD NOT BE COMMON PRACTICE FOR PERSONS TO ~~EXCHANGE~~ ^{SHARE DRUGS}
~~BODILY FLUIDS, PARTICULARLY THROUGH SEXUAL INTERCOUSE,~~
^{OR HAVE}

IF THAT DOES TAKE PLACE IN THE NORMAL COURSE OF THE WORK-
DAY, THEN I'M AFRAID YOU HAVE SOME OTHER PROBLEMS TO WORRY ABOUT,
THE LEAST OF WHICH IS THE TRANSMISSION OF THE AIDS VIRUS.

NOW, SO FAR, I'VE TALKED ABOUT THE VIRUS AND HOW IT ATTACKS
THE HUMAN NEUROLOGICAL AND IMMUNE SYSTEMS. AND I'VE TOLD YOU
THAT WE HAVE NO "MAGIC BULLET" SUCH AS A VACCINE OR AN ANTIBIOTIC
TO STOP AIDS IN ITS TRACKS.

BUT WE ARE NOT TOTALLY DEFENSELESS AGAINST THIS TERRIBLE EPIDEMIC.

ONE OBVIOUS DEFENSE IS SIMPLY TO STAY AWAY FROM INTRAVENOUS DRUG ABUSE. I DON'T THINK THAT REQUIRES ANY FURTHER COMMENT FROM ME, PARTICULARLY BEFORE THIS AUDIENCE OF KNOWLEDGEABLE MEN AND WOMEN. SO LET ME MOVE ON TO THE NEXT KIND OF DEFENSIVE BEHAVIOR, WHICH INVOLVES AN UNDERSTANDING OF HUMAN SEXUALITY.

AS YOU KNOW, I RAISED THIS TOUCHY SUBJECT NEARLY TWO YEARS
AGO IN MY "SURGEON GENERAL'S REPORT ON AIDS." I EMPHASIZED AT
THAT TIME -- AND HAVE CONSISTENTLY SAID ~~THE~~ ^{THE} SAME THING SINCE --
THAT WE MUST TELL OUR CHILDREN THE FACTS ABOUT HUMAN SEXUALITY,
IF WE WANT THEM TO FULLY UNDERSTAND HOW TO PROTECT THEMSELVES
FROM THIS DEADLY VIRUS. *AND KNOWLEDGE OF SEXUALITY
MUST PRECEDE KNOWLEDGE OF AIDS*

HOW WE DO THAT, I LEAVE TO PEOPLE WHO ARE MORE EXPERT THAN I
IN MATTERS OF EARLY CHILDHOOD AND ADOLESCENT DEVELOPMENT. I JUST
KNOW THAT WE HAVE TO DO IT.

BUT I TAKE NO JOY IN THAT. I CONFESS THAT I AM PROFOUNDLY SADDENED BY THE IDEA THAT WE MUST EXPLAIN HUMAN RELATIONSHIPS AND HUMAN SEXUALITY TO A NEW GENERATION OF GIRLS AND BOYS -- SO THAT THEY MAY AVOID CONTRACTING A FATAL DISEASE.

AND YET ... WE MUST.

AND FURTHERMORE, OUR FIRST RECOMMENDATION, IT SEEMS TO ME, OUGHT TO BE ABSTINENCE FROM SEX.

I GRANT THAT SEXUAL ABSTINENCE MAY NOT WORK FOR EVERYONE. IF IT DID, THAT WOULD BE THE END OF THE HUMAN RACE.

BUT SEXUAL ABSTINENCE IS A VERY GOOD IDEA FOR YOUNGSTERS OF SCHOOL AGE.

FOR THE REST OF US -- FOR US ADULTS -- ABSTINENCE MAY NOT BE THE BEHAVIOR OF CHOICE. WHAT THEN?

THEN THE NEXT BEST THING IS MONOGAMY ... ONE PERSON, ONE MATE; FIND SOMEONE TO WHOM YOU CAN GIVE YOUR LOVE AND RESPECT AND TRUST ... SOMEHOW WHO WILL GIVE THE SAME IN RETURN ... AND STAY WITH THAT PERSON FOREVER.

SUCH A MONOGAMOUS RELATIONSHIP IS NOT LIKELY TO BE INFECTED AND CONSUMED BY AIDS ... OR BY ANY OTHER DISEASE EITHER, SUCH AS SYPHILIS, HERPES, OR JEALOUSY.

OF COURSE, A NUMBER OF PEOPLE ARE MONOGAMOUS -- BUT SERIALLY: THAT IS, THROUGH DIVORCE AND RE-MARRIAGE, FOR EXAMPLE, AN INDIVIDUAL MAY HAVE ONE ... TWO ... OR MORE MONOGAMOUS PARTNERS DURING HIS OR HER ADULT LIFETIME.

AND THEN THERE ARE THE PEOPLE WHO, FOR WHATEVER REASONS, DO NOT HAVE A LOVING, MONOGAMOUS RELATIONSHIP -- AND PERHAPS NEVER WILL HAVE. YET, THEY, TOO, MAY WANT TO EXPRESS THEIR OWN SEXUALITY FROM TIME TO TIME AND THAT'S A NORMAL ENOUGH THING TO DO. WHAT ABOUT THOSE INDIVIDUALS?

FOR THEM I RECOMMEND THAT THEY PROTECT THEMSELVES. AND, AT THE PRESENT TIME, THE ONLY EFFECTIVE PROTECTION AVAILABLE TO THEM IS THE LATEX CONDOM.

IT'S NOT ONE-HUNDRED-PERCENT-PERFECT. HOWEVER, WHEN USED CORRECTLY -- THAT IS, WHEN THE LATEX CONDOM IS WORN FROM START TO FINISH DURING SEXUAL INTERCOURSE, WITH A LITTLE SPERMICIDE ADDED ON THE TIP AND ON THE SIDES -- IT DOES PROVIDE AN EFFECTIVE BARRIER AGAINST THE TRANSMISSION OF THE AIDS VIRUS.

ABSTINENCE ... MONOGAMY ... AND THE USE OF THE LATEX CONDOM SEEM TO BE OUR BEST DEFENSES AGAINST THE TRANSMISSION OF THE AIDS VIRUS THROUGH SEXUAL INTERCOURSE.

THAT'S A DIFFICULT MESSAGE TO DELIVER, I KNOW. BUT IT'S A LIFE-SAVING MESSAGE AND, THEREFORE, I'M DUTY-BOUND TO DELIVER IT. AND I WOULD HOPE THAT YOU WOULD FEEL THE SAME WAY ABOUT IT AND JOIN ME IN THIS LIFE-SAVING COMMUNICATIONS EFFORT.

WE'RE TALKING ABOUT DRUGS, BUT MAINLY WE'RE TALKING ABOUT DEALING WITH ONE'S SEXUALITY. WE'RE TALKING ABOUT SEX WITH RESPONSIBILITY ... SEX WITH CARING ... SEX WITH JUSTICE ... AND SEX WITH SELF-RESPECT AND WITH MUTUAL RESPECT.

AND HERE'S WHERE THE EPIDEMIC OF AIDS IS HAVING AN EFFECT FAR BEYOND WHAT IS SHOWN IN THE WEEKLY EPIDEMIOLOGICAL REPORTS. AIDS IS AFFECTING THE WAY AMERICANS THINK ABOUT DISEASE ... ABOUT EACH OTHER ... AND ABOUT RESPONSIBILITY: PROFESSIONAL, SOCIAL, AND PERSONAL RESPONSIBILITY.

FIRST OF ALL, YOU HAVE TO REMIND YOURSELF THAT, WHILE THE TOTAL NUMBER OF AIDS CASES IS VERY HIGH -- AND GETTING HIGHER -- THE FACT REMAINS THAT THE OVERWHELMING MAJORITY OF AMERICANS OF ALL COLORS AND PERSUASIONS DO NOT ENGAGE IN ANAL SEX AND I.V. DRUG ABUSE. YOU DON'T HAVE TO BE A BOARD-CERTIFIED PROCTOLOGIST TO KNOW THAT THIS IS TRUE.

AND THIS IS THE RESULT OF CONSCIOUS CHOICE. THE AMERICAN PEOPLE -- BY AND LARGE -- DON'T LIKE AND DON'T APPROVE OF THESE TWO BEHAVIORS ... THE TWO THAT ACCOUNT FOR THE OVERWHELMING MAJORITY OF AIDS CASES THUS FAR.

IN FACT, DRUG ABUSE AND ANAL INTERCOURSE -- OR SODOMY -- ARE STILL ILLEGAL IN A GREAT MANY JURISDICTIONS. IT'S FOOLISH TO OVERLOOK THIS FACT AND STILL TRY TO MAKE SENSE OUT OF THE FULL SHOCK THAT THIS EPIDEMIC IS PRESENTING TO OUR SOCIETY.

I CAN ACCEPT THE FACT THAT MANY PEOPLE ARE SHOCKED AND OFFENDED BY THE DISEASE AND ITS MODES OF TRANSMISSION. BUT, AS I SAID EARLIER, I CANNOT ACCEPT THIS RESPONSE BEING TURNED INTO FURTHER HARMFUL ACTIONS AGAINST THOSE WHO HAVE THE DISEASE ITSELF.

PARTICULARLY TROUBLING TO ME ARE THOSE INSTANCES IN WHICH PHYSICIANS AND HOSPITAL ADMINISTRATORS HAVE TURNED AWAY AIDS PATIENTS. I THINK SUCH EGREGIOUSLY UNPROFESSIONAL BEHAVIOR IS WORTHY OF OUR CONTEMPT AND CONDEMNATION.

FOR THREE MILLENNIA, THE HEALING ARTS AND SCIENCES HAVE REACHED OUT TO ALL WHO HAVE NEEDED ATTENTION. THIS IS HARDLY THE TIME -- AND AIDS IS HARDLY THE REASON -- FOR ANYONE TO REVERSE THE COURSE OF THIS NOBLE HISTORY.

ARE THERE, THEN, NO RISKS AT ALL FOR HEALTH PERSONNEL?

YES, OF COURSE THERE ARE. AS EARLY AS 1982, THE PUBLIC HEALTH SERVICE RELEASED THE FIRST SET OF PRACTICAL GUIDELINES FOR HEALTH PERSONNEL. THEY ARE ROOTED IN COMMON SENSE AND FAMILIAR ASEPTIC PRACTICES.

IF SCRUPULOUSLY FOLLOWED, THESE GUIDELINES WILL PROTECT ANY HEALTH WORKER FROM BECOMING CONTAMINATED OR INFECTED WITH THE AIDS VIRUS. TO DATE, OUT OF A TOTAL HEALTH WORKFORCE OF NEARLY 7 MILLION PERSONS, FEWER THAN A DOZEN HAVE BECOME INFECTED WITH THE AIDS VIRUS BECAUSE OF SOME MISADVENTURE ON THE JOB.

AND IN EACH OF THOSE FEW CASES, THERE WAS A MOMENT WHEN THE PERSON'S VIGILANCE WAS RELAXED AND THE VIRUS FOUND A WAY IN.

BUT LEST THERE BE SOME MISUNDERSTANDING, LET ME ALSO ADD THAT THE OVERWHELMING MAJORITY OF MY COLLEAGUES CONTINUE TO PROVIDE QUALITY, COMPASSIONATE CARE TO EVERY PATIENT -- INCLUDING PERSONS DYING OF AIDS. AND EVERY MAJOR NATIONAL ASSOCIATION OF HEALTH PROFESSIONALS HAS PUBLICLY PLEDGED TO CONTINUE TO SUPPORT SUCH PRACTICE.

AND I APPLAUD THEM ALL FOR DOING SO.

SO I AM PERSUADED THAT THE OVERWHELMING MAJORITY OF AMERICAN HEALTH PROFESSIONALS ARE LIVING UP TO THE HIGHEST IDEALS OF THEIR CALLING. AND, THEREFORE, I BELIEVE THAT MOST PATIENTS WITH AIDS WILL GET THE HEALTH AND MEDICAL CARE THEY NEED.

BUT THIS IS HARDLY THE END OF THE MATTER.

PHYSICIANS AND INSTITUTIONS MUST BEGIN NOW TO WORK TOWARD AN OPTIMUM HEALTH CARE ENVIRONMENT IN THIS "AGE OF AIDS," SO THAT ALL HEALTH PERSONNEL MAY FOLLOW THE DICTATES OF THEIR MEDICAL ETHICS WITH AS LITTLE RISK TO THEIR OWN PERSONS AS POSSIBLE ... AND WITH MAXIMUM BENEFIT FOR THEIR PATIENTS.

BUT I'M NOT NAIVE. AND NEITHER ARE YOU. TO DO THIS WE MUST RESOLVE MANY EXTREMELY SENSITIVE QUESTIONS THAT PIT PERSONAL PRIVACY AGAINST PUBLIC SAFETY ... THAT DEAL WITH CONFIDENTIALITY OF PERSONAL HEALTH RECORDS AND OF PERSONAL LIFESTYLES ... QUESTIONS THAT CALL UPON OUR MOST FUNDAMENTAL NATIONAL PRINCIPLES OF FAIRNESS, BOTH TO THE INDIVIDUAL AND TO THE BODY POLITIC.

AND THAT BRINGS ME BACK AGAIN TO THAT MOST TROUBLING ASPECT OF THE DISEASE OF AIDS ... THE FACT THAT IT IS TRANSMITTED IN WAYS THAT MOST PEOPLE FIND OBJECTIONABLE, IF NOT ILLEGAL.

* I.V. DRUG ABUSERS, FOR EXAMPLE, COMPRISE A FOURTH[^] OF ALL AIDS VICTIMS SO FAR ^{and} IS THE FAST[^]EST-GROWING SEGMENT OF ALL AIDS VICTIMS.

DRUG ADDICTS HAVE NEVER BEEN WITHIN EASY REACH OF THE HEALTH CARE SYSTEM. AND INDEED ONLY A FEW HAVE COME FORWARD TO SHAKE THEIR HABIT AND ESCAPE THE RISK OF AIDS.

ON THE OTHER HAND, THE HEALTH SYSTEM ITSELF HAS NOT BEEN ESPECIALLY INNOVATIVE IN REACHING OUT TO FIND THEM. WE MAY ALSO HAVE FAR TOO FEW DRUG TREATMENT CENTERS, RELATIVE TO THE NEED -- A SITUATION CAUSED AS MUCH BY NEIGHBORHOOD OPPOSITION TO SUCH CENTERS AS BY ANY LACK OF FUNDS.

SO WE HAVE MUCH NEW WORK AHEAD OF US, IF WE TRULY WISH TO STOP THE SPREAD OF AIDS AMONG THIS HIGHLY VULNERABLE GROUP.

* THE OTHER MAJOR HIGH-RISK POPULATION IS COMPRISED OF THOSE HOMOSEXUALS AND BISEXUAL MALES WHO ARE NOT MONOGAMOUS AND WHO ENGAGE IN UNPROTECTED ANAL INTERCOURSE. THEY ACCOUNT FOR TWO-THIRDS OF ALL AIDS CASES SO FAR.

SEVERAL YEARS AGO, IN THE EARLY STAGES OF THE AIDS EPIDEMIC, IT WAS CLEAR THAT A GREAT MANY MEN IN THIS GROUP USED A VARIETY OF "ALTERNATIVE" HEALTH SERVICES -- CLINICS AND HEALTH PROVIDERS WHO WERE MORE KNOWLEDGEABLE AND MORE TOLERANT OF THE HOMOSEXUAL LIFESTYLE BUT WHO WERE, NEVERTHELESS, OUTSIDE THE MAINSTREAM OF AMERICAN HEALTH CARE ... AND, AS A RESULT, OUTSIDE THE MAIN SOURCES OF THERAPY, INFORMATION, AND MONEY.

AND I'M INCLINED TO BELIEVE THAT OUR TRADITIONAL COMMUNITY MEDICAL SERVICES PREFERRED TO KEEP THINGS THAT WAY.

IT WAS A MUTUAL STAND-OFF AND I BELIEVE IT HURT BOTH SIDES: IT HURT THE MEN WHO HAD BECOME INFECTED WITH THE AIDS VIRUS AND WHO NEEDED ACCESS TO THE BEST CARE AVAILABLE ... AND IT HURT THE HEALTH CARE SYSTEM ITSELF, BECAUSE THE DIFFICULT CHALLENGE OF UNDERSTANDING THE AIDS EPIDEMIC THUS BECAME EVEN MORE DIFFICULT.

AND I'M NOT CONVINCED THAT THE MAINSTREAM HEALTH CARE SYSTEM OF THIS COUNTRY HAS FULLY GAINED THE CONFIDENCE OF THESE MEN YET.

I SHOULD ADD THAT WE SEE SOME ENCOURAGING SIGNS OF A
DOWNWARD TURN IN THE INCIDENCE OF SEXUALLY TRANSMITTED DISEASES
AMONG THESE MEN, SO THEY'RE DOING WHAT THEY HAVE TO DO IN TERMS
OF THEIR OWN LIFESTYLES TO STAY ALIVE. BUT THEY ALSO NEED THE
OPEN DOOR OF MAINSTREAM AMERICAN MEDICINE.

* AND THEN THERE'S A THIRD GROUP ... ABOUT A THOUSAND
WOMEN -- MOSTLY BUT NOT EXCLUSIVELY PROSTITUTES ... WHO HAVE
BECOME INFECTED BY BEING THE SEXUAL PARTNERS OF DRUG ABUSERS OR
BISEXUAL MEN WITH AIDS.

THESE WOMEN KNOW -- AND ARE KNOWN BY -- HOSPITAL EMERGENCY ROOM PERSONNEL AND THE NEAREST V.D. CLINIC. BUT THE REST OF THE HEALTH CARE SYSTEM IS, FOR MANY OF THEM, ALIEN TERRITORY.

HERE AGAIN, AMERICAN MEDICINE IS CHALLENGED TO PROVIDE GOOD MEDICAL AND HEALTH CARE -- WHILE ASSUMING SOME MEASURE OF PERSONAL RISK -- ON BEHALF OF PEOPLE WHO BEHAVE IN WAYS THAT MOST OF US FIND IRRESPONSIBLE IF NOT REPREHENSIBLE. X

* AND FINALLY, AT OUR LAST COUNT THERE ARE THOSE 900 BABIES WHO WERE GIVEN NOT ONLY THE GIFT OF LIFE -- BUT ALSO OF AIDS -- FROM THEIR VIRUS-INFECTED MOTHERS.

A GREAT MANY OF THESE NEONATES HAVE BEEN ABANDONED BY THEIR MOTHERS AND HAVE BECOME BOTH PATIENTS AND WARDS OF THE NURSING STAFFS IN THE HOSPITALS WHERE THEY WERE BORN. THIS IS AN UNFAMILIAR AND INTOLERABLE BURDEN FOR THOSE INSTITUTIONS, AS YOU CAN WELL IMAGINE.

WE NEED TO DEAL COMPASSIONATELY WITH EACH OF THESE CHILDREN WHO MAY -- OR MAY NOT -- HAVE MANY YEARS OF LIFE AHEAD OF THEM. WE SIMPLY DON'T KNOW AND CAN'T PREDICT THAT.

* AND FINALLY, YOUNG BLACK AND HISPANIC AMERICANS APPEAR AMONG THE AIDS CASE REPORTS TWICE AS OFTEN AS THEY APPEAR IN THE POPULATION GENERALLY. THE MINORITIES WITH AIDS TEND TO BE POOR, UNINSURED OR UNDERINSURED, AND URBAN, LIVING IN THOSE SAME MAJOR METROPOLITAN AREAS WHERE THE HEALTH DELIVERY SYSTEMS ARE ALREADY STRAINED TO THE LIMIT.

WE SEE THEM AS PERSONS WITH AIDS. BUT THEY SEE THEMSELVES AS PERSONS MIRED IN ECONOMIC, SOCIAL, ENVIRONMENTAL, AND MEDICAL CHAOS.

HERE AGAIN, I THINK MEDICINE -- AND THE COMMUNITY IT SERVES -- ARE STILL TALKING PAST EACH OTHER. AND I'D HAVE TO SAY THAT SUCH A SITUATION BODES POORLY FOR THE EVENTUAL CONTROL OF THIS EPIDEMIC.

THIS, THEN, HAS BEEN A QUICK BUT, I HOPE, ACCURATE SKETCH OF THE AIDS EPIDEMIC AND ITS EFFECTS UPON VERY VULNERABLE MEMBERS OF OUR SOCIETY. THEY ARE CITIZENS WHO ARE PREYED UPON BY THE AIDS VIRUS AND WHO BECOME THE QUARRY OF ONE OR MORE AIDS-RELATED CONDITIONS.

THEY TEND TO BE ON THE PERIMETER OF OUR COUNTRY'S MAINSTREAM
HEALTH DELIVERY SYSTEM.

CAN WE REACH THEM? CAN WE BRING THEM IN?

I SAY WE MUST. AND THOSE OF US WHO ARE CONNECTED IN ANY
WAY WITH THE HEALTH SYSTEM OF OUR COUNTRY MUST TAKE THE
INITIATIVE ... AND DO IT. AND THE REST OF THE COUNTRY MUST
SUPPORT US AS WE DO.

THROUGHOUT OUR OFTEN TURBULENT DOMESTIC HISTORY, WE AMERICANS HAVE MANAGED TO MAINTAIN A NATIONAL TEMPERAMENT OF CHARITY AND TOLERANCE ... OF RESPONSIVENESS ... AND OF AFFIRMATION.

WE'VE BEEN GENEROUS TO EACH OTHER IN EVERY TIME OF NEED.

AND THIS IS SURELY ONE OF THOSE TIMES.

OUR SOCIETY IS BEING TESTED, THERE'S NO QUESTION ABOUT THAT. THE EPIDEMIC OF AIDS IS PROVIDING ONE OF THE MOST SERIOUS TESTS OF SOCIAL AND POLITICAL WILL THAT WE'VE EVER EXPERIENCED.

YET, I TRULY BELIEVE WE WILL COME THROUGH THIS TEST WITH
OUR IDEALS AND OUR INSTITUTIONS INTACT.

THE NEXT FEW YEARS WILL NOT BE EASY. BUT WE'LL MAKE IT ...
AND WE'LL MAKE IT TOGETHER.

THANK YOU.

#